**Active 4 Life registration form 2021**

Active 4 Life Camp ………….………...………….

|  |  |  |
| --- | --- | --- |
| **Name of child** |  | Known as…………………….. |
| School | Date of birth  | Age | Boy [ ]  Girl [ ]  |
|  |  |  |  |

**Contacts:**

Address ………………………………………………………………...…………….… Post Code ……………

Next of Kin Name ………………….…………………………….…. Relation to child………………..……….

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Address …………………………..……………………… Contact Numbers …..…….........../.........................

Other Contacts (Name/Relation)…………………………………Contact Number ..…..………..…..……….

Doctor’s Name …………………….……. Address ……………………………. Tel No ………………….……

Medical Conditions / Disability / Special Needs ……………………………………..………………………….

…………………………………Signs to be aware of……………………………………………………………..

Medication……..…….………..………………………………… *(This is for information only if it is relevant to the care of the child. Please note activity leader cannot administer medication)*

Dietary requirements…………………………………..............

Allergic Reactions (eg. Facepaints, wasps, medicines etc.)………………….…...…………………………

Where did you hear about the Active 4 Life Programme?.......................................................................

Sessions can be messy so we advise that children are appropriately dressed. We also advise that a strong sunscreen is used and a hat is worn during hot weather.

\*This is a **CLOSED ACCESS** Active 4 Life camp so children will stay in the care of the activity supervisor/ leaders. The responsibility of the care of children ends when they leave the scheme.

\*If a child leaves the site during the hours of the scheme then the supervisor will endeavour to stop them verbally but are unable to physically stop them.

\*If this occurs then they will contact the emergency number you have supplied to inform you.

* Active 4 Life should not be relied upon as childcare as there will be a maximum number of participants. Parents/ Guardians will need to be available to collect their child/children if required.
* Priority will be given to residents of the town or community council catchment area.
* We will need to organise the programmes to be as Covid safe as possible.
* We do not advise that mobile phones are brought to the schemes. Phones will only be permitted for use in the case of an emergency. Your contact details may be needed to support Track, Trace and Protect should a positive case be identified during the scheme.

I consent to allow my child to receive appropriate or urgent medical treatment. Yes [ ]  No [ ]

I consent to my child’s photograph/video footage being used for publicity purposes. Yes [ ]  No [ ]

(Please tick): Parent [ ]  Guardian [ ]  or Carer [ ]

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For information on Active 4 Life camps in your area or other summer activity programmes please refer to the BCBC website**